COPY OF PAPERS

O/SB/82 (10-00) DMB 0651-0035	ايا.	/
O/SB/82 (10-00)	\mathcal{M}^{\vee}	~
OMB 0651-0035	1	

+

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE cons are required to respond to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no per

REVOCATION OF POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number 09/811,042 March 17, 2001 Filing Date First Named Inventor Stuart L. Axelson, Ir. Group Art Unit 3732 Not Yet Assigned Examiner Name Attorney Docket Number | OSTEONICS 3.0-414 14

				1			ند	-000
I hereby rev application:	oke all previ	ious powers	s of attorney	or authoriz	cations of agent given beautiful bea	en in the above	identifie	30
A Po	ower of Attorn	ney or Auth	orization of	Agent is su	bmitted herewith.		7	
OR								3
					e above-identified a			
x	Customer	Number _						7
O	R		Custome	r Number				<u> </u>
Firm or Individua	ıl Name							
Address								
City			8	State		Zip		
Country			1	elephone		Fax		
	I am the: X Applicant/Inventor.							
Assi State	gnee of reco ement under	ord of the en	ntire interest 73(b) is enc	. See 37 C losed. (For	FR 3.71. m <i>PTO/SB/</i> 96)			· · · · · · · · · · · · · · · · · · ·
		SIC	GNATURE (of Applicar	nt or Assignee of	Record		
Name	Stuart L.	Axelson,	Jr.					<u> </u>
Signature Study & Oplan of								
Date Spul 3, 2002								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
x • _{Tc}	otal of	5 for	ms are submitt	ed.				

COPY OF PAPERS OF GINALLY FILED

PTO/SB/82 (10-00) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are sequired to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/811,042
Filing Date	March 17, 2001
First Named Inventor	Stuart L. Axelson, Jr.
Group Art Unit	3732
Examiner Name	Not Yet Assigned
Attorney Docket Number	OSTEONICS 3.0-414 III

I hereby r applicatio		previous p	owers of attorne	ey or authoriz	ations of agent gi	ven in the al	bove-i	dentified
`A F	A Power of Attorney or Authorization of Agent is submitted herewith. OR X Please change the correspondence address for the above-identified application to: Customer Number Customer Number Customer Number							
OR								100
X Ple	ease chan	ge the cor	respondence ad	dress for the	e above-identified	application t	o:	MAIL
×	Custor	mer Numb	er					
	OR		Custon	ner Number			10053	<u> </u>
Firm o	r ual Name							
Address							•	
City		· · · · · · ·		State			Zip	
Country				Telephone			Fax	
l am t		ventor						
	X Applicant/Inventor.							
			the entire interes					
			SIGNATURE	of Applicar	nt or Assignee of	Record		
Name	Jose	Luis Mod	tezuma					
Signature	Signature VVV (VV)							
Date		<u> </u>		Isril 2				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
x .	Total of	5	forms are subm	itted.				

a plus sign (+) inside this box

Copy of Papers Originally filed

PTO/SB/82 (10-00)
s sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Pāleni and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no-persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/811,042
Filing Date	March 17, 2001
First Named Inventor	Stuart L. Axelson, Jr.
Group Art Unit	3732
Examiner Name	Not Yet Assigned
Attorney Docket Number	OSTEONICS 3.0-414 III

I hereby i		previous p	owers of attorr	ney or authoriz	zations of agent gi	iven in the above	
<u> </u> ^	Power of A	Attorney or	Authorization	of Agent is su	bmitted herewith.		_
OR							to RE
X Ple	ease chan	ge the con	espondence a	ddress for the	e above-identified	application to:	REV 30 1631 ROUN
[3	Custor	mer Numb	er			1 (2011) 10 m) FR (1) 60 m	
	OR		Custo	mer Number			8
Firm o	or Iual Name						星
Address							
City			_	State		Zip	
Country				Telephone		Fax	
	plicant/Inv						
			ne entire intere R 3.73(b) is e		FR 3.71. m PTO/SB/96)		
			SIGNATUR	E of Applicar	it or Assignee of	Record	
Name	Kenn	eth A. Kra	ackow				
Signature	, (W	<u> </u>				
Date		<u> </u>	4-02	-			_
			rs or assignees o required, see belo		ire interest or their rep	resentative(s) are re-	quired. Submit multiple
×	Total of	5	forms are subi	mitted.			

plus sign (+) inside this box

PTO/SB/82 (10-00)
sign (+) inside this box

+ Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

COPY OF PAFERSEVOCATION OF POWER OF ORIGINALLY AUTHORIZATION OF AGENT

Application Number	09/811,042
Filing Date	March 17, 2001
First Named Inventor	Stuart L. Axelson, Jr.
Group Art Unit	3732
Examiner Name	Not Yet Assigned
Attorney Docket Number	OSTEONICS 3.0-414 III

I hereby r applicatio		previous powers of a	attorney or authoriz	ations of agent gi	ven in the above-	identified ک	\$. TO
\	Power of A	ttorney or Authoriza	ation of Agent is su	bmitted herewith.		100	130
OR						3	
X Ple	ease chang	ge the corresponder	nce address for the	above-identified	application to:		100 May 11 100 May 100
	_	ner Number	Customer Number				
	OR		Oustomer Namber		100010000000000000000000000000000000000	30	
Firm o Individ	r ual Name						
Address							
City			State		Zip		
Country			Telephone		Fax		
l am t	he:						
X Ap	plicant/Inv	eńtor.					1
		record of the entire inder 37 CFR 3.73(b)					
		SIGNA	TURE of Applican	t or Assignee of	Record		
Name	Matth	ew P. Poggie					
Signature	1	(SOI)					
Date	1 4	16.65			-		
NOTE: S forms if m	ignatures of a ore than one	all the inventors or assign signature is required, se	nees of record of the ent se below*.	ire interest or their rep	resentative(s) are requ	ıired. Submit mu	ttiple
×	Total of	5 forms ar	re submitted.				_



pe a plus sign (+) inside this box

COPY OF PAPERS ORIGINALLY **ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	09/811,042
Filing Date	March 17, 2001
First Named Inventor	Stuart L. Axelson, Jr.
Group Art Unit	3732
Examiner Name	Not Yet Assigned
Attorney Docket Number	OSTEONICS 3.0-414 III

hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified pplication:					
A Power of Attorney or Authorization of Agent is submitted herewith. OR X Please change the correspondence address for the above-identified application to: Customer Number Customer Number Customer Number					
OR ·					
X Please change the correspondence address for the above-identified application to:					
X Customer Number					
OR Customer Number					
Firm or Individual Name					
dress					
ty State Zip					
ountry Telephone Fax					
I am the:					
X Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
dame Gearoid Walsh					
ignature Spand Doll					
Date 8-00xid-2002					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
X *Total of5 forms are submitted.					